



# Senate

General Assembly

**File No. 189**

February Session, 2022

Substitute Senate Bill No. 368

*Senate, March 29, 2022*

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## ***AN ACT CONCERNING SUICIDE PREVENTION.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-52 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2022*):

3 (a) There is established a [Youth] Connecticut Suicide Advisory  
4 Board, within the Department of Children and Families, which shall be  
5 a coordinating source for suicide prevention across a person's lifespan,  
6 including, but not limited to, youth suicide prevention. The board [shall  
7 consist of twenty members, which shall include] may include (1)  
8 representatives from suicide prevention foundations, youth-serving  
9 organizations, law enforcement agencies, religious or fraternal  
10 organizations, civic or volunteer groups, state and local government  
11 agencies, tribal governments or organizations, health care providers or  
12 local organizations with expertise in the mental health of children or  
13 adults or mental health issues with a focus on suicide prevention, (2)  
14 one psychiatrist licensed to practice medicine in this state, (3) one

15 psychologist licensed in this state, (4) one representative of a local or  
16 regional board of education, (5) one high school teacher, (6) one high  
17 school student, (7) one college or university faculty member, (8) one  
18 college or university student, [and] (9) one parent, and (10) a person  
19 who has experienced suicide ideation or loss, all appointed by the  
20 Commissioner of Children and Families. [,] The board shall include one  
21 representative of the Department of Public Health appointed by the  
22 Commissioner of Public Health, one representative of the state  
23 Department of Education appointed by the Commissioner of Education  
24 and one representative of the Board of Regents for Higher Education  
25 appointed by the president of the Connecticut State Colleges and  
26 Universities. [The balance of the board shall be comprised of persons  
27 with expertise in the mental health of children or mental health issues  
28 with a focus on suicide prevention and shall be appointed by the  
29 Commissioner of Children and Families. Members of the board shall  
30 serve for two-year terms, without compensation. Any member who fails  
31 to attend three consecutive meetings or fifty per cent of all meetings held  
32 during any calendar year shall be deemed to have resigned from the  
33 board. The Commissioner] The Commissioners of Children and  
34 Families and Mental Health and Addiction Services, or the  
35 commissioners' designees, shall [be a nonvoting, ex-officio member of  
36 the board. The board shall elect a chairman, and a vice-chairman to act  
37 in the chairman's absence] serve as cochairpersons of the board and may  
38 appoint a representative of a local organization with expertise in mental  
39 health or a suicide prevention foundation to serve as a third  
40 cochairperson of the board. The board may adopt bylaws to govern it  
41 and its meetings.

42 (b) The board shall: (1) Increase public awareness of the existence of  
43 [youth] suicide and means of suicide prevention across a person's  
44 lifespan; (2) make recommendations to the [commissioner]  
45 Commissioners of Children and Families and Mental Health and  
46 Addiction Services for the development of state-wide training in the  
47 prevention of [youth] suicide; (3) develop a state-wide strategic [youth]  
48 suicide prevention plan; (4) recommend interagency policies and  
49 procedures for the coordination of services [for youths and families] in

50 the area of suicide prevention, intervention and response; (5) make  
51 recommendations for the establishment and implementation of suicide  
52 prevention, intervention and response procedures in schools and  
53 communities; (6) establish a coordinated system for the utilization of  
54 data for the prevention of [youth] suicide; (7) make recommendations  
55 concerning the integration of suicide prevention and intervention  
56 strategies into [other] youth-focused prevention and intervention  
57 programs; and (8) periodically offer, within available appropriations,  
58 [youth] suicide prevention training and education for health care and  
59 behavioral health care providers, school employees, faculty members of  
60 institutions of higher education and other persons who provide services  
61 to children, [young] adults and families.

62 Sec. 2. Subsection (b) of section 20-10b of the general statutes is  
63 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
64 *2022*):

65 (b) Except as otherwise provided in subsections (d), (e) and (f) of this  
66 section, a licensee applying for license renewal shall earn a minimum of  
67 fifty contact hours of continuing medical education within the  
68 preceding twenty-four-month period. Such continuing medical  
69 education shall (1) be in an area of the physician's practice; (2) reflect the  
70 professional needs of the licensee in order to meet the health care needs  
71 of the public; and (3) during the first renewal period in which continuing  
72 medical education is required and not less than once every six years  
73 thereafter, include at least one contact hour of training or education in  
74 each of the following topics: (A) Infectious diseases, including, but not  
75 limited to, acquired immune deficiency syndrome and human  
76 immunodeficiency virus, (B) risk management, including, but not  
77 limited to, prescribing controlled substances and pain management,  
78 and, for registration periods beginning on or after October 1, 2019, such  
79 risk management continuing medical education may also include  
80 screening for inflammatory breast cancer and gastrointestinal cancers,  
81 including colon, gastric, pancreatic and neuroendocrine cancers and  
82 other rare gastrointestinal tumors, (C) sexual assault, (D) domestic  
83 violence, (E) cultural competency, and (F) behavioral health, provided

84 further that on and after January 1, 2016, such behavioral health  
85 continuing medical education may include, but not be limited to, at least  
86 two contact hours of training or education during the first renewal  
87 period in which continuing education is required and not less than once  
88 every six years thereafter, on (i) suicide prevention, or (ii) diagnosing  
89 and treating [(i)] (I) cognitive conditions, including, but not limited to,  
90 Alzheimer's disease, dementia, delirium, related cognitive impairments  
91 and geriatric depression, or [(ii)] (II) mental health conditions,  
92 including, but not limited to, mental health conditions common to  
93 veterans and family members of veterans. Training for mental health  
94 conditions common to veterans and family members of veterans shall  
95 include best practices for [(I)] determining whether a patient is a veteran  
96 or family member of a veteran, [(II)] screening for conditions such as  
97 post-traumatic stress disorder, risk of suicide, depression and grief, and  
98 [(III)] suicide prevention training. For purposes of this section,  
99 qualifying continuing medical education activities include, but are not  
100 limited to, courses offered or approved by the American Medical  
101 Association, American Osteopathic Association, Connecticut Hospital  
102 Association, Connecticut State Medical Society, Connecticut  
103 Osteopathic Medical Society, county medical societies or equivalent  
104 organizations in another jurisdiction, educational offerings sponsored  
105 by a hospital or other health care institution or courses offered by a  
106 regionally accredited academic institution or a state or local health  
107 department. The commissioner, or the commissioner's designee, may  
108 grant a waiver for not more than ten contact hours of continuing medical  
109 education for a physician who [: (I) Engages] engages in activities  
110 related to the physician's service as a member of the Connecticut  
111 Medical Examining Board, established pursuant to section 20-8a<sub>2</sub> [: (II)]  
112 engages in activities related to the physician's service as a member of a  
113 medical hearing panel, pursuant to section 20-8a<sub>2</sub> [: or (III)] or assists the  
114 department with its duties to boards and commissions as described in  
115 section 19a-14.

116 Sec. 3. Subdivision (6) of subsection (b) of section 10-222q of the  
117 general statutes is repealed and the following is substituted in lieu  
118 thereof (*Effective July 1, 2022*):

119 (6) Three appointed by the minority leader of the Senate, one of  
120 whom is a representative of the Connecticut Education Association; one  
121 of whom is a representative of the National Alliance on Mental Illness,  
122 Connecticut; and one of whom is a representative of the [Youth]  
123 Connecticut Suicide Advisory Board established pursuant to section  
124 17a-52, as amended by this act;

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2022</i>	17a-52
Sec. 2	<i>July 1, 2022</i>	20-10b(b)
Sec. 3	<i>July 1, 2022</i>	10-222q(b)(6)

**PH** *Joint Favorable Subst.*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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### **OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

### **Explanation**

This bill, which codifies existing practice by expanding the scope of the Department of Children and Family's (DCF) Youth Suicide Advisory Board to address suicide prevention across a person's lifespan, has no fiscal impact.

### **The Out Years**

**State Impact:** None

**Municipal Impact:** None

**OLR Bill Analysis****sSB 368*****AN ACT CONCERNING SUICIDE PREVENTION.*****SUMMARY**

This bill codifies existing practice by expanding the scope of the Department of Children and Family's (DCF) Youth Suicide Advisory Board to address suicide prevention across a person's lifespan. It correspondingly renames the board as the Connecticut Suicide Advisory Board, reflecting existing practice.

It makes conforming changes to the board's responsibilities to reflect its broader scope, such as requiring the board to develop a statewide strategic suicide prevention plan, not just one focused on youth. The bill specifically adds behavioral health care providers and higher education faculty members to the list of people to whom the board must periodically offer training, within available appropriations. It requires the board's recommendations to address suicide intervention and response, not just prevention, procedures for schools, communities, and interagency service coordination.

The bill also makes several changes to the board's membership and procedures. Instead of requiring 20 members as under current law, it adds to the types of organizations that can be represented on the board and makes certain current appointments optional. Among other things, it (1) adds an additional co-chair to the board and allows for the co-chairs to appoint a third co-chair and (2) allows the board to adopt bylaws.

Lastly, the bill specifically allows physicians' continuing medical education in behavioral health to include training on suicide prevention. By law, physicians generally must complete at least one contact hour of behavioral health continuing education ever six years, and a total of 50

contact hours of continuing education every two years, starting with their second license renewal.

EFFECTIVE DATE: July 1, 2022

### **CONNECTICUT SUICIDE ADVISORY BOARD**

Under current law, the board consists of the following members:

1. eight appointed by the DCF commissioner, including a state-licensed psychiatrist and psychologist, local or regional school board representative, high school teacher and student, college or university faculty member and student, and parent;
2. additional DCF commissioner appointees with expertise in children's mental health or mental health issues with a focus on suicide prevention;
3. one representative each from the Department of Public Health (DPH), Department of Education (SDE) and Board of Regents for Higher Education (BOR), appointed by the applicable department commissioner or Connecticut State Colleges and Universities (CSCU) president; and
4. the DCF commissioner, who serves in a non-voting, ex-officio capacity.

The bill makes several changes to the board's membership, as reflected in Table 1 below.

**Table 1: Connecticut Suicide Advisory Board Membership Under the Bill**

<b><i>Permissible Appointments (Appointed by the DCF commissioner)</i></b>	<b><i>Required Members</i></b>
Representatives from suicide prevention foundations, youth-serving organizations, law enforcement agencies, religious or fraternal organizations, civic or volunteer groups, state and local government agencies, tribal governments or organizations,	One representative each from DPH, SDE, and BOR, appointed by the applicable commissioner or CSCU president  DCF commissioner or designee (who now serves as a voting member)



<b><i>Permissible Appointments (Appointed by the DCF commissioner)</i></b>	<b><i>Required Members</i></b>
<p>health care providers, or local organizations with expertise in the mental health of children or adults or mental health issues with a focus on suicide prevention</p> <p>A state-licensed psychiatrist, state-licensed psychologist, local or regional school board representative, high school teacher, high school student, college or university faculty member, college or university student, parent, or person who has experienced suicide ideation or loss</p>	DMHAS commissioner or designee

### ***Board Chairpersons***

Under current law, the board elects a chairperson, as well as a vice-chairperson to act in the chairperson's absence.

The bill instead reflects current practice by requiring the DCF and DMHAS commissioners, or their designees, to serve as co-chairpersons of the board. It also allows them to appoint a third co-chairperson, who must be a representative of a (1) local organization with mental health expertise or (2) suicide prevention foundation.

### ***Changes to Board Procedures***

The bill allows the board to adopt bylaws to govern itself and its meetings. It also eliminates provisions in current law providing that board members (1) serve two-year terms without compensation and (2) are deemed to have resigned from the board if they miss three meetings in a row or half of all meetings in a calendar year.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 31 Nay 0 (03/16/2022)